



JUL 8 2005 2:35PM

GLAXO WELLCOME FEE(S) TRANSMITTAL

NO. 7513 P. 2

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23347 7590 04/28/2005

DAVID J LEVY, CORPORATE INTELLECTUAL
PROPERTY
GLAXOSMITHKLINE
FIVE MOORE DR., PO BOX 13398
RESEARCH TRIANGLE PARK, NC 27709-3398

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MARJORIE J. PFEIFFER (Depositor's name)
Marjorie J. Pfeiffer (Signature)
JULY 8, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/089,760

04/02/2002

Gregor John McInnes Anderson

PG3786USW

2885

TITLE OF INVENTION: MEDICAMENT DELIVERY SYSTEM

07/11/2005 RHEBRAH1 00000069
01 FC:1501 1400.00 DA
02 FC:8001 12.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$0

\$1400

07/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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MULLEN, THOMAS J

2632

340-573100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 James P. Riek

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SMITHKLINE BEECHAM CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Philadelphia, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 4

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 07-1392 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

8 July 2005

Typed or printed name

James P. Riek

Registration No. 39,009

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GlaxoSmithKline

To BOX ISSUE FEE

Company USPTO

Fax 703-746-4000

From Marjorie J. Pfeiffer

Tel 1-919-483-9038; Facsimile: 1-919-483-7988

E-mail marjorie.j.pfeiffer@gsk.com

Date July 8, 2005 Pages Including cover 3

Subject Fee(s) Transmittal - Appl. No. 10/089,760

GlaxoSmithKline
PO Box 13398
Five Moore Drive
Research Triangle Park
North Carolina 27709

Tel: 919 483 2100
www.gsk.com

Re: Fee(s) Transmittal
Application of Gregor John McLennan ANDERSON et al.
U.S. Serial No.: 10/089,760; Filed: April 1, 2002
Date of Mailing "Notice of Allowance and Fees Due": April 28, 2005
Confirmation No. 2885
Title: *Medicament Delivery System*
Attorney Docket No. PG3786USw

Attached:

1. Fee(s) Transmittal (Part B), in duplicate
with Certificate of Transmission (37 CFR 1.8(a))

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